Ark House

Quality Report

15 Valley Road
Scarborough
North Yorkshire
YO11 2LY
Tel: 01723371869
Website: www.**arkhouse**rehab.co.uk

Date of inspection visit: 10 & 11 November 2016
Date of publication: 18/02/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We do not currently rate substance misuse services.

We found:

- Staff did not manage risk effectively. Although staff identified some risks on admission, clients did not have risk management plans or have their risks reviewed regularly. Staff communicated risks verbally and recorded very limited detail in handover notes.
- Staff did not have safeguarding training and did not know how to raise a safeguarding alert.
- The service had no formal processes in place to record incidents. This meant that they were unable to identify patterns, effectively investigate or ensure that staff learnt and shared lessons. Staff did not fully understand what constituted an incident.

However, we found Ark House to be effective, caring, responsive and well led because:

- Clients received assessments before their admission, identifying any areas that might compromise the effectiveness of the treatment provided by Ark House.

Summary of findings

- Clients and staff were clear on the steps they needed to take to make progress with treatment. Care plans were individual and detailed in workbooks that staff and clients reviewed on a weekly basis.
- Staff established a therapeutic relationship with clients and involved them in their care. A therapeutic relationship is a working relationship between a worker and a client, which is built on mutual trust and respect with the aim of bringing about beneficial change.
- Staff treated clients with respect and kindness and supported them throughout their stay with the service.
- Staff provided aftercare following a client's discharge from the service.
- The facilities were welcoming and comfortable.
- The service provided clients with a full structured programme of care, therapy and activities.
- Staff felt supported and involved in the service. Morale was good and staff found their work rewarding while reinforcing their own recovery. All staff had previously experienced difficulties with drugs or alcohol.
- The service and all staff understood the 12-step approach and used this effectively to treat clients.

Summary of findings

Contents

Ark House

Services we looked at
Substance misuse services

This report describes our judgement of the quality of care provided within Ark House.

We base our judgement on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of this inspection

Background to Ark House

Ark House is a residential service provided by Ark House Rehab Limited. The service provides treatment to rehabilitate people with drug or alcohol dependency. It is registered with the Care Quality Commission to provide accommodation for persons who require treatment for substance misuse. Ark House has a registered manager and a nominated individual.

The service is located in a large house in a residential area of Scarborough. It is close to all amenities and public transport. The service is able to take up to 20 people at any time and has staff on duty 24 hours. At the time of our inspection, there were 16 clients. All clients have to be free of any substance use before admission, so they often arrive at the service following a detoxification programme. Ark House does not offer clinical or prescription medicine treatments. It delivers psychosocial interventions and provides a therapeutic environment for recovery.

Ark House has been operating for more than 20 years. Clients take part in a therapeutic programme based on the 12-step principles of Alcoholics Anonymous. Staff deliver treatment for people whose main addiction is to alcohol or drugs. However, due to the model used, staff also consider secondary addictive behaviours, for example, eating disorders or gambling. The 12-step approach works sequentially as a process to guide a person through the journey of recovery to a new way of life. The programme addresses the physical, mental, emotional and spiritual aspects of recovery. The principles behind this approach give a person a starting point for a lifelong process. All aspects of Ark House follow the ethos of the 12-step approach.

Ark House clients fall into one of four categories:

1. Assessment – people waiting for assessment for suitability and preparation for admission.
2. Primary – clients admitted and at steps one to nine of the programme.
3. Secondary – clients who have moved into step 10 of the programme, concentrating on daily maintenance.
4. Aftercare – ongoing support to clients who have left Ark House.

Our inspection team

The team that inspected the service comprised two Care Quality Commission (CQC) inspectors. The team leader for the inspection was Helen Gibbon.

Why we carried out this inspection

We inspected this service as part of our ongoing substance misuse inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location.

Summary of this inspection

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients
- spoke with six people who were using the service
- spoke with the registered manager
- spoke with four other staff members, including counsellors, support workers and housekeeping staff
- attended and observed one handover meeting
- attended and observed one meditation meeting
- attended and observed one lecture
- looked at seven care and treatment records of current clients
- looked at three care and treatment records of discharged clients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with six clients using the service.

They spoke positively about it and described staff as having compassion. They said staff listened to them, were available whenever they needed them, and were respectful. Clients told us they felt safe at Ark House, and personally involved and responsible for their recovery.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found:

- Staff did not manage risk effectively. Clients did not have risk management plans or have their risks reviewed regularly. Staff communicated risks verbally and recorded very limited detail in handover notes.
- Staff had not received safeguarding training and did not know how to make an alert.
- The service had no formal processes in place to record all incidents to enable them to identify patterns, effectively investigate and ensure staff learnt and shared lessons. Staff did not fully understand what constituted an incident.

However:

- Ark House used staff, clients and ex-clients to ensure a clean and well-maintained environment and to ensure there were sufficient people to deliver all elements of the programme. Clients did this as part of their treatment and former clients often volunteered to help.

Are services effective?

We found:

- Clients received assessments prior to their admission that identified any areas, which may compromise the effectiveness of the treatment provided by Ark House.
- Clients and staff were clear on the steps they needed to take to make progress with treatment. Care plans were individual and detailed in workbooks that staff and clients reviewed on a weekly basis.
- Staff received support and professional development through regular supervision and annual appraisals. This meant they had the necessary skills to carry out their duties and that the manager could assess the quality of care given.

Are services caring?

We found:

- Staff established a therapeutic relationship with clients and enabled them to be involved in their care.
- Staff treated clients with respect and kindness and supported them throughout their stay with the service.

Summary of this inspection

- Clients had opportunities to give feedback on the service they received.

Are services responsive?

We found:

- Ark House had a clear pathway from assessment through to aftercare.
- Staff provided aftercare following a client's discharge from the service.
- The facilities were welcoming and comfortable.
- The service provided clients with a full structured programme of care, therapy and activities.

However:

- Ark House did not keep records of informal complaints. This meant that the service could not ensure it learnt and improved from these.

Are services well-led?

We found:

- Staff felt supported and involved in the service. Morale was good and staff found their work rewarding whilst re-enforcing their own recovery.
- All staff understood the 12-step approach and used this effectively to treat clients.

However:

- Governance systems and policies were not always specific to the service or clear in detail.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act was not part of core skills training or personal development. Staff were not confident in its definition or its application. Staff assumed that clients entering Ark House had the capacity to make decisions. Staff told us that if they doubted capacity during a client's stay, they would consult that client's GP for referral into mental health services.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

Ark House was clean and well maintained. Staff and clients told us that they felt safe.

Clients agreed to a clear set of rules before their admission, which staff reiterated regularly throughout their stay. These rules were in place to ensure that Ark House was an environment where clients were safe from their addictions. The rules set boundaries, defined a code of conduct and stated an expectation for each client to be involved in the daily tasks for running the house. Management devised the rules to work alongside the initial steps in the 12-step programme, which encouraged an outward-looking approach as opposed to clients' previous self-centred behaviours.

All clients cleaned Ark House daily; this included the outside area. Staff checked clients' rooms daily to ensure they kept them clean and tidy. The service displayed infection control reminders around the building.

The building had closed-circuit television cameras on entrances and exits. Staff monitored this during the day from the office. Staff locked external doors at night. On admission, staff searched a client's bags in their presence to ensure they brought in no banned items that might compromise their own, or other clients' safety.

Five members of staff had completed first aid training, which enabled the service to have a first aider on site at all times.

Staff allocated client bedrooms according to gender. Female clients were on one floor and male clients on another. Clients were able to lock their bedroom and the service did not allow clients to go into others' bedrooms. This was to respect a clients' right to privacy and dignity.

Safe staffing

The staffing establishment comprised one director who delivered lectures on a weekly basis, one manager, two counsellors (one of whom was also a director), four support staff, one housekeeper and one maintenance worker. There were no vacancies. Sickness rates were low at 0.7%.

The service did not use bank or agency staff. Planned leave ensured adequate cover and unexpected leave was managed through the goodwill of the team. Staff and clients told us that the service never cancelled groups or lectures. However, a few group sessions consisted of a backup plan of watching recovery DVDs and completing worksheets.

The clients who were in secondary care had reached step 10 in their treatment. This is the maintenance stage in the 12-step programme where people consider their own personal accountability on a daily basis, and this includes helping others. With this in mind, Ark House used clients in secondary care to carry out roles in the service to support staff. For example, preparing lunch and escorting those in primary care to appointments.

The service also encouraged previous clients who were in the aftercare phase to attend weekly lectures if travel allowed. This often resulted in those people carrying out voluntary roles to help with, for example, washing up after meals or painting duties.

All staff completed mandatory training as part of their induction. The service delivered the training, which covered infection control, confidentiality and data protection, fire safety, hygiene and food safety, record keeping, dealing with accidents and emergencies, and responding to abuse.

Assessing and managing risk to clients and staff

Staff did not always fully identify risks that could result in harm to service users, staff or others. Only two of the seven client records we looked at had completed risk

assessments on admission, with the other five having blank forms. The risk assessment tool covered most risks, for example, self-harm, overdose, polydrug use (using a combination of different drugs), injecting behaviour, violence, conflict, parental responsibility and housing; however, it did not include domestic violence. The form only required the completion of a yes or no tick box. There was no detail, which meant staff would be unable to assess risk effectively.

Risk management plans were present in two of the files we looked at. However, these were the management plans sent by the referrer and did not relate to interventions while the person was at Ark House. Ark House did not have any documented methods of recording management plans.

The service did not periodically formally review risks. The clients did, however, have a daily meeting where they recorded their mood on a scale of one to ten. The staff team then considered these scores, giving the opportunity to identify inflated risks and to make plans to manage them.

If a client made a disclosure during a counselling session, the counsellor would not update any records due to confidentiality. Staff told us that they used handover and management meetings to verbally update and discuss plans on managing risk. This could mean that some staff would be unaware of potential harm or actions to take to mitigate the risks.

The service did not plan what they would do if a client left the service unexpectedly. However, if a client left unexpectedly they would take steps to ensure the person was safe. For example, contacting relatives and making sure they had a means to travel to where they wanted to go.

All clients admitted to Ark House were required to be sober and not using any illicit substances. The service did not admit clients prescribed for any detoxification regime, any opiate or benzodiazepine based medication or high dose antipsychotic medications. The client's own GP prescribed any other medication that a client required. Before admission, clients agreed to Ark House storing this medication and to staff observing them take their medication. All medicines were stored in a locked cupboard in the staff room. The cupboard had a medications logbook, a procedure and list of trained staff.

Clients took their medication in front of a staff member and signed for this. The audit sheets showed that staff had corrected some omissions or calculation errors and it was not always clear when amounts had changed due to new items being booked in or carried over. There were clear notes from GPs, for example, when the GP changed or suspended doses. All staff authorised to manage medications had completed an accredited safe handling of medications course.

Ark House had a designated safeguarding lead and monthly safeguarding meetings which were attended by counsellors and the manager. The meeting minutes observed showed general reviews for each client and were not specific to safeguarding concerns and actions. Staff managed safeguarding within the service, discussed through supervision or referred back to the referrer. The provider had not made any alerts to local safeguarding teams or had any understanding of this requirement. There was a safeguarding policy; however, this did not clearly detail actions that staff should take. Staff had not attended any safeguarding training. This meant that staff might not be clear what constituted a safeguarding concern and where they would report this.

Track record on safety

In the 12 months prior to our inspection, the service had no serious incidents that required investigation.

Reporting incidents and learning from when things go wrong

The service did not record all incidents that occurred at Ark House. Staff told us they would report incidents to the manager. However, this related only to client incidents and relied mainly on verbal communication. Staff discussed client specific incidents at handover meeting which staff recorded. However, these records did not provide full details of the incidents. Staff were not able to fully describe what constituted an incident.

Ark House had an incident reporting policy. However, the policy referred mainly to accidents. The procedure stated that staff should keep a written record of all accidents; it did not require this of all incidents. This meant Ark House had no means of recording all incidents that occurred including those that were not client specific e.g. breakdown

of heating system or the finding of a banned item. Staff could therefore not determine any patterns and had no formal processes in place to investigate and share any learning with staff.

Are substance misuse services effective? (for example, treatment is effective)

Assessment of needs and planning of care

Staff completed an assessment for each person prior to admission. The assessment considered all drug use, other compulsive behaviours, previous treatments, hepatitis C, present medications, legal status, housing and benefits. The service did not use any recognised tool to assess a person's alcohol dependency (for example, the alcohol use disorders identification test or the severity of alcohol dependence questionnaire).

The assessment did not clearly or fully explore physical health. Staff asked questions relating to physical health conditions such as heart problems, high blood pressure or mental health problems. However, these questions required only yes or no responses in relation to whether these conditions applied to either the client or their family. It was therefore unclear in detail. The service did not provide clinical care; therefore, staff encouraged clients to register with a nearby GP practice. If the assessment process established that physical health needs outweighed rehabilitation treatment, Ark House would not accept the referral until this balance changed.

The referring service assessed a person's motivation to change prior to agreement by commissioners for funding a place. For those people self-referring, staff assessed motivation during the assessment.

Staff planned a person's care using the 12-step approach. Each person had a generic care plan that detailed how someone would progress through their rehabilitation during their stay at Ark House. Additional to this, staff issued each client with a workbook. The workbook progressed through the steps and clients used this on a daily basis. This formed the basis of a person's care from step one through to step 12 and remained with the person after discharge for their ongoing recovery journey. The workbooks included self-reflection, barriers to recovery, triggers for their behaviours and short and long-term objectives. When a client reached step ten, the focus changed to a more holistic approach that considered their recovery capital and aftercare plans.

Recovery capital predicts the likelihood of achieving sustained recovery and is dependent on external and internal resources. The recovery capital factors that contribute to recovery following treatment include:

- social capital - family, partners, children, friends and peers
- physical capital - such as money and a safe place to live
- human capital – skills, mental and physical health, a job
- cultural capital –values, beliefs and attitudes held by the individual.

Counsellors had one-to-one sessions weekly with each client where they would go through the steps and discuss the workbooks. The counsellors gave clients assignments relating to their individual recovery journey.

The counsellors made progress notes in a client's file. However, the notes were very vague in detail which meant support staff did not have all the information they may need to deliver care.

Client files were paper based and stored in a locked cabinet in the staff office. These were accessible to staff when needed.

Best practice in treatment and care

The National Institute for Health and Care Excellence (NICE) guidance on alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE ref.CG115) recommends that clients have access to mutual aid support groups such as alcoholics anonymous. Mutual aid is typically treatment that outside formal treatment settings and offers locally derived peer support networks. The Alcoholics anonymous fellowship developed the12 step approach used by Ark House. Staff also encouraged their clients to attend external alcoholic anonymous or narcotics anonymous meetings. However, clients informed us that the narcotics anonymous meetings took place on a night which did not allow for those in primary care to attend. This meant that a person with an addiction other than alcohol were unable to attend the most appropriate external mutual aid group for them until their restricted leave was removed at the time they reached step five.

Substance misuse services

Clients attended groups and individual sessions that followed the British Association for Counselling and Psychotherapy guidelines. The counsellors used their knowledge of cognitive behavioural therapies and person centred therapy to embed the 12-step approach for the treatment of the person's addiction.

Physical health needs were not part of the treatment provided by Ark House. The service had an effective relationship with the local GP and encouraged clients to register as patients. They supported clients to appointments and referrals to specialists when needed. Staff would deal with any medical emergency by the emergency services and the local accident and emergency department.

Ark House provided treatment to help a person to remain abstinent from their drug or alcohol use. There was a zero tolerance to drug or alcohol use while at the service. Staff breathalysed clients two to three times per week. If a test resulted in a positive reading, staff would ask the client to leave the service. The service also had tests that could screen for use of other substances, such as opiates, cocaine, benzodiazepines, cannabis. These tests had built in temperature controls that ensured the integrity of the test. However, some clients informed us and records confirmed that staff did not regularly test for substances other than alcohol although this was not always their primary substance of misuse.

The service did not have a formal audit programme. However, staff audited the cupboard that stored clients' medication on a weekly basis. The manager and counsellors reviewed client files on a weekly basis and policies and procedures annually.

Ark House reported into the National Drug Treatment Monitoring Service (NDTMS). The NDTMS collects, collates and analyses information from and for those involved in the drug treatment sector. Public Health England manages the NDTMS. Although the manager at Ark House reported into the NDTMS, the service did not access any reports from the NDTMS. These reports are available to providers and give a full picture of residential rehabilitation activity nationally.

Skilled staff to deliver care

Staff had the necessary skills to carry out their duties and to deliver care. All staff employed at Ark House had their own experience of addiction and were in recovery themselves. This meant that staff were able to understand client's behaviours and anxieties. The staff team included two accredited psychotherapists who delivered one to one sessions with clients. The manager had completed a registered manager's course and was in the process of completing the level five management diploma.

The support workers either had completed or were studying for a NVQ level 2 certificate in health and social care and the safe handling of medications. Ark House also funded additional training identified by staff to enable them to progress. For example, Ark House had funded a support worker to gain an NVQ in counselling.

All staff received regular supervision and had a recent appraisal. The appraisal included assessments relating to quality of work, productivity, teamwork, and communication alongside clear objectives. This allowed the manager to identify improvements when required. Ark House did not have a policy regarding poor performance. The manager told us that supervisions or appraisals would address any performance concerns.

Multi-disciplinary and inter-agency team work

Staff attended a handover meeting before and at the end of each shift. They discussed each client in turn to ensure all staff were aware of any incident or risk. Staff recorded brief comments from these meetings.

The service had good links with a local GP where they encouraged all clients to register. This made it easier for them to support people to appointments and ensure both parties shared information when needed. Staff had also established effective relationships with local pharmacies.

The manager or counsellors provided updates to a person's referrer on agreed intervals or on request. For some referrers, this would determine the length of someone's stay if not agreed from the initial admission.

During our inspection, Ark House had one person on a court order using the service. Staff provided the probation service with regular updates regarding the person's progress and compliance.

The service also had good links with a supported housing organisation whose ethos was similar to that of the 12 steps. This could ensure a person could continue with their recovery in the community using the same approach. As

clients came to Ark House from different areas of the country this meant that staff and ex-clients had built relationships with recovery groups in various towns and cities to support people following discharge.

Adherence to the MHA and the MHA Code of Practice

The service did not admit people detained under the Mental Health Act 1983.

Good practice in applying the MCA

The Mental Capacity Act was not part of core training or personal development. Staff presumed a person had capacity to consent to their treatment. If there were any concerns, they would refer back to the referral organisation or if already admitted to the GP. Although the service had a DOLS policy, there was limited knowledge among staff of their responsibilities.

Are substance misuse services caring?

Kindness, dignity, respect and support

We saw positive interactions between staff and client. Staff were kind and approachable, treating client with respect. This helped establish a therapeutic relationship. We observed clients to be relaxed and well supported with staff understanding their individual needs and providing daily structure in their treatment. Clients told us they felt supported both emotionally and in a practical way.

The involvement of people in the care they receive

Clients received an information pack before their admission. This included a description of the programme, service user rights and expectations, rules, 12-step etiquette, exclusion causes, and how to make a complaint. On admission, staff introduced clients to other people using the service who then showed them around the building.

All clients signed the generic care plan and then had full involvement with their workbooks throughout their stay. This formed a live care plan that clients worked on daily with regular support from staff. Once a client had reached the steps for secondary care, the workbook considered building recovery capital to maintain their ongoing recovery. This included encouragement to access outside activities that were personalised to the individual.

Each morning, clients attended a meditation group. This was client led with no staff presence. As well as therapeutic readings, the group was an opportunity for clients to report faults, concerns and requests. A nominated individual then communicated these to staff. This meant clients could contribute ideas and concerns to management in an anonymous manner if needed.

Clients could request a family visit, which took place once a week. The service would invite the visiting families to stay for the in house community meeting following the visit. We observed a telephone call from a family member where staff engaged in conversation in a caring and understanding manner.

All clients leaving the service completed a quality questionnaire that gave staff feedback on the service they provided.

Are substance misuse services responsive to people's needs?
(for example, to feedback?)

Access and discharge

The first stage in the pathway for Ark House was assessment. Referrals mostly came from adults' social care or community drug services. Ark House had regular referrers that knew their criteria; this meant that the agencies making the referrals had already carried out an initial screen to assess a person's suitability. The criterion for admission was the same for private funders.

Staff at Ark House would conduct an assessment for all referrals prior to admission. People would mostly attend a face-to-face appointment. However, in some exceptions, staff would assess via the telephone, for example, if a person was at a residential detoxification unit.

The service would use the assessment appointment as an opportunity to ensure the person fully understood the treatment approach they used. This included emphasising the rules, exclusion reasons and providing a handbook to explain the service in detail. Potential clients would sign to confirm they agreed with the rules. Staff would consider the present client mix when considering someone's suitability.

On admission, a client entered the primary stage of treatment. Clients worked with staff at this stage through the first nine steps of the programme.

At step 10, a client would enter into the secondary stage which Ark House would sometimes refer to as extended care. This is where staff and clients worked together to consider their discharge and maintaining their recovery in the community. However, some funders would only initially agree to a limited time to fund a person's treatment; they would then review this at the end of this period to consider an extension. This made it difficult for staff to ensure a client had reached a suitable point in their treatment if extensions were not agreed. Some clients told us this caused them some anxieties and concerns about their continued recovery.

Following a client's discharge, they entered the aftercare stage. Staff continued to provide telephone support for people who had left the service. The service also had a regularly monitored Facebook page which provided people with a form of mutual aid support. The service had regular referrers that meant that clients often came from the same geographical areas. This meant that those leaving Ark House often returned to an area where other discharged clients resided. Staff told us that this had resulted in the development of local community recovery groups and support. Clients who had left Ark House had the opportunity to return for lectures, however, this was often difficult due to distance.

The facilities promote recovery, comfort, dignity and confidentiality

Ark House was a large house situated close to the beach and town centre. It had three floors with ample rooms including lounge areas, dining area, kitchen, study and lecture rooms, laundry and counselling rooms. There was a tidy outdoor space for clients to use. There were 11 bedrooms, located on the second and third floors. Seven of the rooms had en suites. Female bedrooms were located on one floor and males on the other. Clients in primary care shared bedrooms that had privacy screens if they chose to use them. Clients told us that night times could be particularly difficult and they appreciated the mutual support.

The building was old. However, rooms were warm and comfortable and clients told us that the facilities provided all that they needed. There was a large noticeboard in the reception hallway where previous clients posted their testimonials about the treatment they had received.

The service did not permit clients to have televisions in their own rooms. Staff had clearly informed them of this rule prior to their admission. However, staff ensured that there were activities throughout the day and evening. These varied from 12 step-based lectures and groups to communal activities in the evenings such as quiz nights and pool. The rules also did not allow clients to go to their bedroom until a set time each evening. This supported the 12-step approach and did not give clients the opportunity for negative internal thoughts alone in their rooms.

Clients helped themselves to breakfast, those in secondary care prepared lunch for everyone and the housekeeper prepared the evening meals. Clients used the daily morning meeting to request any additional or alternative requirements.

Clients were unable to access the kitchen area or communal areas during the night. This was to encourage clients to develop or maintain regular sleeping patterns. They were able to use a flask in their room for hot drinks if needed.

Meeting the needs of all people who use the service

Ark House was not able to offer treatment for people requiring disabled access. The building was located on an incline with steep steps leading to the front door. Additional to this, the bedrooms were located on the upper levels. The layout of the building would mean any modifications to provide ground floor accommodation would compromise client's privacy and dignity.

The treatment provided meant that clients needed to be able to contribute to group activities. Staff would assess this ability prior to a person's admission. The service did have a good variety of audio material to support those with difficulties with reading and writing.

Ark House accepted and supported people with varying religious beliefs as long as the belief did not contradict the 12-step ethos. The 12-step approach refers to a power greater than ourselves; this higher power is individual to the person and could be any religious or spiritual power. The service did not align to any one faith and therefore did not have copies of any religious materials. However, clients could bring in their own books if required.

Staff could arrange for specific dietary requirements relating to religious or physical health requirements.

Substance misuse services

Listening to and learning from concerns and complaints

The service user packs received at assessment detailed how to make a complaint. This included how to make a complaint through the Care Quality Commission. The service had a complaints policy. Clients had not made any formal complaints in the 12 months prior to our inspection. Staff dealt with and resolved any complaints informally through the daily meditation meeting or their counsellor.

Are substance misuse services well-led?

Vision and values

Ark House's vision was to be a lead provider delivering quality services that were effective and safe while providing a good client experience and value for money. Its values were to listen, learn and act together, which the service based on the ethos of the 12-step approach.

Staff told us they had no formal team objective yet strived to be financially viable and compliant. They aimed to have little impact on the environment, for example, they told us about good relationships they had with their neighbours both residential and the neighbouring hotels.

Both directors were very visible to other staff and clients.

Good governance

The service and staff team were small and staff tended to discuss their practice and any matters informally on a daily basis. This meant that staff did not always follow formal policies or procedures. For example, whilst staff managed incidents appropriately, they did not have a clear process to record incidents, consider trends and therefore learn from these.

The support staff, who worked evening, nights and weekends, relied on verbal communication at handover meetings. This was because the service did not have effective processes to record information which all staff may require to provide the correct treatment.

The service had an organisational risk register. However, this was not specific to the service and its current risks; it detailed actions the service would take concerning general risks. For example, what action they would take if a fire occurred.

Although the service had a monthly safeguarding meeting, this was more a meeting to discuss client's risks, for example, their physical health needs rather than safeguarding. Staff had limited understanding of safeguarding and the policy was unclear.

Governance processes were not always appropriate or specific to Ark House. For example, the safeguarding policy was not clear about what actions staff should take and the incident policy referred mainly to accidents.

Leadership, morale and staff engagement

All staff appeared motivated and happy with their work. They felt supported and able to contribute to how the service developed. All staff felt their work was rewarding and reinforced their own recovery. The service had low sickness rates among the staff.

The manager had an understanding of the duty of candour although there was no policy for this.

Commitment to quality improvement and innovation

Ark House used informal approaches to consider continual improvements. The manager had regular conversations with referrers to see their views and feedback. Staff also attended national recovery events and ensured they kept up to date with new developments.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure all clients have a comprehensive risk assessment in place with a risk management plan that staff review and update as necessary.
- The provider must ensure that all staff attend safeguarding training as mandatory and that they put in place systems to support staff to identify and raise safeguarding alerts when required.
- The provider must ensure that systems are in place to record all incidents within the service. Processes must ensure incidents are effectively investigated, trends identified and staff learn from these.

Action the provider SHOULD take to improve

- The provider should ensure that staff complete the medications log clearly to record new medications booked in and any carried over amounts to allow staff to calculate accurately.
- The provider must ensure that staff record one-to-one sessions with the detail necessary for other staff to provide the appropriate care.
- The provider should record informal complaints as a way to learn and improve the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The records we reviewed in relation to risk did not include risk management plans. Staff did not review the risk assessments. This was a breach of regulation 12(2)(a) Assessing the risk to the health and safety of clients receiving the care or treatment.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Staff were unaware of what constituted a safeguarding concern and there were no clear procedures for reporting these. This was a breach of regulation 13(2) Systems and processes must be established and operated effectively to prevent abuse of service users.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service had no formal processes in place to record all incidents to enable them to identify patterns, effectively investigate and ensure staff learnt and shared lessons. Staff did not fully understand what constituted an incident.

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 17(2)(a)

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.